## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06-24-08</u>	Address:	CR 875 E n/o SR 46
Case #:	32-28591		Bowling Green, IN
County:	Clay		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
= *	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open — No Structure</li><li>☐ Other;</li></ul>
(check all the Lithium Lithium Red Photo Flamma Water F Anhydrod Corrosin Corrosin	nd: Location (bedroom, kitchen, open ain at apply)  n/Ammonia Reaction(s):  osphorous/lodine Reaction(s):  able Solvents: ditch  Reactive Metal (Lithium): ditch  ous Ammonia:  thloric Acid Gas Generator(s):  ve Base:  tern and location):	<u>r. etc)</u>	
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agen		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: cies that serve the location:	
Fire Depart	ment: Washington VFD	Fax: (812)	
Health Department: Clay County		Fax: (812)4	448-9018
Child Prote	ction Service: <u>N/A</u>	l'ax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact investigating Officer: Ritch A. Reynolds Phone (812)299-1153			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.